



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
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BOARD OF ELECTRICAL EXAMINERS

VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY APPLICANT- Duplicate form as needed

Applicant's Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

(City)

(State)

(Zip)

Employer (Company's Name): _____

Address: _____

(City)

(State)

(Zip)

THIS SECTION TO BE COMPLETED BY EMPLOYER

Instructions: The above applicant has applied to the Delaware Board of Electrical Examiners for licensure. This form must be completed by the applicant's supervising licensed electrician and notarized.

Employment Dates - To Be Completed By Month/Day/Year

Apprentice: From _____ To _____

Total Number of Hours Worked _____

Journeyman: From _____ To _____

Total Number of Hours Worked _____

Full Time Dates (35 Plus Hours A Week) If Other Than Above:

From _____ To _____

Supervisor (Licensed Electrician) – Please print

Name: _____

License Number: _____

In Which States Have You Been Licensed? _____

Please Describe the Types of Electrical Work Performed by the Applicant While Employed:

AFFIDAVIT

County of _____

State of _____

I _____ the employer/supervisor named herein, do declare and affirm under penalty of perjury that the foregoing statement are true and complete to the best of my knowledge and belief.

Signature of Licensed Supervisor

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Expiration Date

SEAL

Please return to:

**Delaware Board of Electrical Examiners
861 Silver Lake Boulevard
Cannon Building, Suite 203
Dover, DE 19904**

11-01/10-03/10-04/2-05/8-05